

MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION

P.O. BOX 3350, JEFFERSON CITY, MISSOURI 65105-3350 (573) 526-9938 TDD 1-800-735-2966

SALES TAX PROTEST PAYMENT AFFIDAVIT

	DOR USE ONLY
FORM	
163 REV. 04-2009)	

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MITS NUMBER			REPORTING PERIOD			
OWNER'S NAME			BUSINESS NAME			
MAILING ADDRESS		PHONE NUMBER				
CITY				STATE	ZIP CODE	
PPRE T						
	TE IN SHADED ARE	AS)				
This form is to be used for filing a sales tax protest						
when filing a partial protest payment and use by	itself when filing a fully	protested payment. Re	turn completed form to:	Taxation Division, P.O. Box	3350, Jeffersor	City, MO 65105-3350.
BUSINESS LOCATION	TAX TYPE	GROSS RECEIPTS	ADJUSTMENTS (INDICATE + OR -)	TAXABLE SALES	TAX RATE (%)	AMOUNT OF TAX
CITY:	STATE				3%	
	CONSERVATION				1/8%	
LOCATION CODE:	EDUCATION				1%	
City: County:	PARKS/SOIL				1/10%	
Only.						
Site:						
				(5		
	ENTER TOTAL A	MOUNT OF TAX FF	ROM SCHEDULE A	(Page 3)		
	ENTER TOTAL AMOUNT OF TAX					1.
FINAL RETURN: If this is your final return	enter the close da	te below and check th	ne reason for closing	SUBTRACT: 2% of Line	1	2.
your account. The Sales Tax law requires				ONLY if paid by due date		_
sales tax return within fifteen (15) days of the		or alcoontinuing back	iooo to mano a mia	TOTAL AMOUNT OF TAX DUE:		3.
. , ,	3			(Line 1 minus Line 2)		=
Date Business Closed:				ADD: Interest for late page	4.	
☐ Out of Business ☐ Leased Business				(See Instructions)	+	
				ADD: Additions to Tax (5	% per month	5.
SIGN AND DATE RETURN:				late of Line 3, maximum		+
SIGN AND DATE RETURN:				REMIT SINGLE CHECK FOR THIS		6.
This must be signed and dated by the taxpayer or by the taxpayer's authorized agent.				AMOUNT: (Add Lines 3, 4, 5)		=
Mail to: Missouri Department of Reven	110 P.O. Roy 3350	Lefferson City MC	65105-3350			
Mail to: Missouri Department of Revenue, P.O. Box 3350, Jefferson City, MO 65105-3350.						
If you pay by check, you authorize the D	epartment of Revenu	ue to process the chec	k electronically. Any o	check returned unpaid m	ay be presente	ed again electronically.
I have direct control, supervision, or res			ment of the tax due.	Under the penalties of	perjury, I de	clare that this is a true,
accurate, and complete return. RETURN	N IVIUS I BE SIGNE				DATE	
SIGNATURE OF TAXPAYER OR AGENT		TITLE			DATE	
MO 860-1157 (04-2009) Th	nis publication is a	available upon requ	est in alternative a	ccessible format(s).		

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PROTESTED FOR THE FOL	LOWING REASONS						
							
NOTE: Sales Tax Regulation	12 CSR 10-3.552 or Sect	ion 144.700, RS	Mo, must be com	plied with o	r the prot	test payment will be deposited to	
General Revenue.		ŕ	,	•	•		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF			COUN	COUNTY (OR CITY OF ST. LOUIS)		
	SUBSCRIBED AND SWORN BEFORE ME, THIS				USE RUBBER STAMP IN CLEAR AREA BELOW.		
					HODDEII	OTAM IN OLLAN ANEA BLEOW.	
	DAY OF 20 NOTARY PUBLIC SIGNATURE MY COMMISSION			0			
	NOTART FOBLIC SIGNATORE	NOTARY PUBLIC SIGNATURE					
	NOTARY PUBLIC NAME (TYPED OR PRINTED)						
DOR USE ONLY							
DISPOSITION	REASON					DATE	

BUSINESS IDENTIFICATION: Enter Missouri Integrated Tax System (MITS) Account Number, reporting period, owner's name, business name, and mailing address on the spaces provided at the top of this affidavit.

BUSINESS LOCATION: Enter the address and code of each business location for which you are reporting a protest payment.

TAX TYPE: Listed in this column are the sales taxes administered by the Department of Revenue. It is your responsibility to know which taxes you are liable for at each business location. Enter each city and/or county tax type which is being protested.

GROSS RECEIPTS: Enter protested amount of gross receipts by each specific tax type for each business location.

ADJUSTMENTS: Enter authorized adjustments. Be sure to indicate "plus" or "minus" for each adjustment.

TAXABLE SALES: Compute taxable sales for each entry.

GROSS RECEIPTS (+) or (-) ADJUSTMENTS = TAXABLE SALES

TAX RATE: The state, conservation, education, and parks/soil sales tax rates are preprinted in this column. If you are protesting a city and/or county tax payment, enter the local sales tax rate for each city and/or county tax type.

AMOUNT OF TAX: Multiply taxable sales by the tax rate of each specific tax.

TOTAL FROM SCHEDULE A: Enter total amount of tax from Schedule A.

LINE 1 — TOTAL AMOUNT OF TAX: Compute total amount of taxes shown in the amount of tax column.

LINE 2 — TIMELY PAYMENT ALLOWANCE: If you file and pay on or before the due date, enter 2% of the amount shown on Line 1.

LINE 3 — Follow instructions shown on front of form.

LINE 4 — INTEREST FOR LATE PAYMENT: If tax is not paid by the due date, multiply Line 3 by the annual percentage rate and then multiply this amount by the number of days late divided by 365 (or 366 in a leap year). The annual percentage rate is subject to change each year. You can obtain the annual percentage rate from our web site at: **www.dor.mo.gov/tax**.

LINES 5 and 6 — Follow instructions shown on front of form.

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INSTRUCTIONS: This schedule is to be used only if the space provided on page 1 of the Protest Affidavit is insufficient to report all protest payments. To complete Schedule A, refer to instructions on page 2.

BUSINESS LOCATION	TAX TYPE	GROSS RECEIPTS	ADJUSTMENTS (INDICATE + OR -)	TAXABLE SALES	TAX RATE (%)	AMOUNT OF TAX	
CITY:	STATE				3%		
	CONSERVATION				1/8%		
LOCATION CODE:	EDUCATION				1%		
City: County:	PARKS/SOIL				1/10%		
City County							
Site:							
OLTV.							
CITY:	STATE				3%		
LOCATION CODE	CONSERVATION				1/8%		
LOCATION CODE:	EDUCATION				1%		
City: County:	PARKS/SOIL				1/10%		
Site:							
CITY:	STATE				3%		
	CONSERVATION				1/8%		
LOCATION CODE:	EDUCATION				1%		
City: County:	PARKS/SOIL				1/10%		
City County							
Site:							
	ENTER TOTAL AMOUNT OF TAX						
	ENTER TOTAL ON PAGE 1						

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